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An Inaugural Essay
On
Acute Rheumatism
For the Degree of
Doctr. of Medicine
In
The University of Pennsylvania
By Hatwood P. Perry
of North Carolina

Phil. Febry: 3rd 1828.

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Acute Rheumatism

Similarity of disease is calculated to lead to error in forming a correct diagnosis even in the present reformed and enlightened state of Medical science, and it is, therefore, not at all to be wondered at that Rheumatism should have been confounded with its analogous affection, Gout, by the ancients. - Under the general name, Arthritica, they comprehended all diseases of the joints whether of a Rheumatic or of a Gouty character, as podagra, Chiragra, Genagra, and the several forms of Rheumatism as Lumbago, Ischias or Sciatica and pleurodine.

The credit of having first treated of Rheumatism as a distinct disease, is ascribed to Ballonius, whose

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treatise was published in Paris in anno 1642, twenty six years after his death, by Ghevart. – The appellation which he chose to affix to it, evinces that he supposed it to depend on a deflexion of the humors of the body. He believed "that the pains were produced by the acrimonious qualities of the impure blood passing off by the skin, through the muscles and nerves, as a depuratory process" "Gout" he states "is a disease of a certain part and periodical; Rheumatism of the whole body and more uncertain in its attacks."

Rheumatism is an affection of the fibrous structure by which I mean more particularly the tendons; the fascia; the aponeurotic expansions; and the ligaments.–

Some discrepancy of opinion exists among Pathologists as to what parts are primarily

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affected: - Some restrict it to the tendinous, ligamentous, and aponeurotic structures; excluding in toto the muscular fibres themselves as ever being its primary seat, and they suppose that any inflammatory action which may take place in them, is of a secondary nature. Others contend that there are circumstances which give support to a belief, that the fibres of muscles themselves may, in some cases, be considered as a primary seat of this disease, such as a complete annihilation of muscular contractility in some cases of acute rheumatism; pain is sometimes felt or apparently so in the belly or very substance of a muscle; tenderness from pressure over the part, and the pain is often confined to the course of particular muscles. - Professor Chapman is of opinion that the muscular fibres

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may, in some cases, be considered as a primary seat of this disease.

The periosteum is sometimes affected especially when arising from a venereal taint.—

Whether the nerves are ever separately affected I believe is not yet positively determined: Ischias nervosa, as it has been called, is brought forward by some authors as the clearest example of their being principally if not separately involved.

Important organs are subject to this disease, such as the pericardium, dura mater, eye, and diaphragm.

The superficial ligaments and tendons particularly of the extremities are most liable to be attacked.

Acute Rheumatism is defined to be "pain with inflammation of the ligaments of the joints, usually those of the larger

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joints; or of tendons and aponeuroses; of the sheaths of tendons; of the bursal membranes; and of nerves; aggravated by motion; for the most part attended with external redness of a bright colour; and with fever which has exacerbations and sometimes distinct remissions; with copious partial perspirations, commonly of an acid odour; and light coloured urine, depositing abundantly, lateritious sediment."

By reflecting upon the tissue which is the seat of rheumatic inflammation we naturally conclude that the pain is most acute in such parts as most abound in this structure, and thus the large joints as the knees, hips, loins, and shoulders are particularly prone to it.

Causes. Hereditary structure is said to be an occasional cause of

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predisposition, age and temperament; the sanguine and those of adult age being most subject to it: Infants are not commonly affected by rheumatism and old persons more commonly troubled with the chronic form of the complaint: Such causes as produce debility either of a general or partial character dispose to it; season of the year, prevailing mostly in Spring and Autumn on account of the inconstancy of the weather incident to these seasons: It may take place, however, at all seasons according to changes of temperature.

The exciting causes are sudden transitions of temperature, as the application of cold when the body is much heated and in a perspirable state; remaining in damp rooms; lying in damp linens, sudden vicissi-

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tudes of weather, or such causes as tend to check perspiration. Falls, blows, and dislocations may, by producing local weakness, invite rheumatism, and when arising from this cause it is said to assume a chronic character very speedily.

An attack of acute rheumatism is usually preceded by langour, chillings, and shivering; flushings of the face and partial heats succeed; there is also a loss of appetite, aching pains and soreness of the body generally. - The true character of the disease is soon developed by the local symptoms appearing in one or several joints. - The pain is sometimes at first very acute and lancinating; at other times there is an aching or burning sensation rather than sharp pain, but this is very much aggravated by motion. Fever ensues

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and the pulse becomes full, frequent, and usually hard; but sometimes it is soft.

Commonly the pain is most intense in some particular joint, but there is no disease with which we have to contend in which there is a more erratic disposition than Rheumatism which often shifts from one joint to another. It occurs oftener in this disease than in gout and seems to depend on the degree of fever present.

It has already been observed that Rheumatic inflammation most commonly takes place in the large joints, but it is not exclusively confined to them, for in some very violent cases hardly a joint either of the upper or lower extremities escapes it. The extension of the pain sometimes appears to be arrested by the muscles and it flies in them instead of passing from one joint to

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to another, and metastasis to the Dura Mater, Pericardium, Diaphragm &c is not uncommon.

Premonitory Symptoms do not invariably precede an attack of Rheumatism, for the local affection may take place without any previous warning to the patient. The pain and irritation are not so intense during the day, but there is an exacerbation of fever towards the approach of evening, and at night, when the patient is covered up warmly in bed, the Symptoms sometimes become aggravated to a very great degree; sleep is disturbed, and there is restlessness &c.

Copious perspirations of a partial nature usually take place early in the progress of this disease, but they seldom have a salutary tendency. Pain is usually lessened as the swelling comes on, owing perhaps to the

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propulsion of blood into the vessels on the surface, and the effusion of serum into the surrounding cellular membrane, acting as a kind of topical depletion.- Swellings do not invariably take place, however, nor is the pain in every case diminished when they do occur.-

The urine is scanty and high coloured as the fever exacerbates, but afterwards more copious and it deposits a lateritious sediment.

As to the duration of an attack of acute Rheumatism we can set no precise limits; for it may continue with more or less violence from two to five, six, or eight weeks.

The symptoms which denote a favourable termination are the skin becoming natural; a subsidence both in the frequency

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~~beat in~~ and activity of the pulse; the urine becoming of a lighter colour, and an abatement of pain. – The unfavourable are occasional pains or permanent tenderness of the parts affected, or stiffness in them, detrimental to eventuating in a chronic form of the disease.

Acute Rheumatism seldom or perhaps never proves fatal except by metastasis to some important organ.

Usually the diagnosis between gout and Rheumatism may be recognised but such is not always the case; for each admits of such variation that they are liable, in some of their forms, to be confounded. – The particular circumstances of exposure; the general history and habits of the individual should be sought into: As a general rule, Rheumatism

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attacks the plethoric and vigorous, is not preceded by gastric and other Constitutional disturbances, occupies the larg in preference to the Smaller joints: — Gout attacks those of feeble and shattered Constitutions, is Commonly preceded by gastric and other Constitutional disturbances, and fastens on the Smaller joints. —

In the treatment of acute Rheumatism the first indication which presents is to subdue inflammation: — The most prompt and effectual means of accomplishing this, is venesection early resorted to and blood should be copiously abstracted especially if the sufferer be of a stout robust Constitution and vascular action very much excited. — An exercise of the judgment is, however, requisite in the employment of venesection in inflammatory Rheu-

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matism; for if blood be too freely drawn, it is asserted that the attack becomes more lingering; gives rise to more frequent relapses, and often induces the Chronic stage.- The degree of inflammatory diathesis, vigour of the patient, and the relief afforded, will principally guide us in our bleedings:- If the inflammation be considerable, much heat and restlessness exist, together with a hard and full pulse or one which is frequent and sharp, and the patient of a sanguine temperament, enough blood should be taken at once so as to make an obvious impression on arterial action.- The buffy coat of the blood, on which much confidence is usually placed as being indicative of inflammation, will not afford us ample proof of its existence in this disease; for this peculiarity generally exists after the

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inflammation has ceased.
Should the Dura Mater, pericardium, diaphragm
&c be seized in consequence of a transfer of
the disease, prompt and copious bleeding
is indispensably requisite. - Such forms
should be treated as idiopathic affections.

Purgatives are too useful in inflam-
matory states of the system not to be resorted
to in this disease, notwithstanding they
subject the patient to some pain by causing
him to change his position. - Saline cathartics
are perhaps among the best: equal portions
of Jalap and Super-tartrate of potash
answer very well. If more active articles
be requisite Calomel, or the extract of
Colocynth, either alone or combined may
prove useful. This or some similar
treatment should, as a general rule, be
continued until we control in some

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degree the inflammatory diathesis. Nothing is more common, says Dr. Chapman than to see Rheumatism suspended or even cured by spontaneous Diarrhea: The course thus pointed out by nature he has successfully imitated in obstinate and protracted cases.

Having cleansed the alimentary canal and after arterial action is sufficiently reduced, we may resort to the mild diaphoretics with a view of equalizing excitement and producing a uniform temperature on the surface. Combinations of Nitre and Antimony, or Camphor given so as to excite a slight degree of moisture on the surface: The pulvis Antimonialis with Calomel, Ipecacuanha, and Rhubarb, or the neutral salts may be used.

Stronger articles become necessary as inflammation subsides, as Dover's Powders;

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not with an intention, however, of producing a very copious perspiration, but for the purpose of exciting and maintaining for some time a soft and equable state of the skin.

Some practitioners have advised the employment of Opium to allay pain which is sometimes so very intense in acute rheumatism; but when prematurely resorted to, it increases the pain instead of alleviating it, and indeed aggravates all the symptoms when exhibited in the high inflammatory stage.

After the activity of the inflammation is sufficiently subdued, Opium alone, or with Calomel, or Colchicum, may be beneficially prescribed. – The acetate of morphine being the least stimulating preparation, given in a saline draught with Camphor mixture and a little hydrocyanic acid is

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said to answer better than any other in relieving pain and not producing head-ache.

The dose of the acetate is from the gr. 1/4 to gr. 1, and of the acid from gtts. 1 to gtts. j repeated as the case may require. In cases of idiosyncrasy when opium disagrees with the patient in every form, we may have recourse to some of the other narcotics as Digitalis, Hyoscyamus &c.

Low diet should be strictly enjoined. Local depletion by leeches applied to the inflamed parts will prove useful auxiliaries to the general remedies.